| llinois Department of Juvenile Justice – Covid-19 Screening Documentation (effective 3/17/20) Date: |   |   |   |   |                            |  | Shift:   |       |
|---|---|---|---|---|----------------------------|--|--|-------|
| The screener shall ask everyone en<br>thermometer (if available). If any c                          |   |   |   | •   | •                          | •  |  |       |
| Impacted countries are: China, Iran   | n, Italy, Japan, So   | uth Korea, and EU ir  | ncluding UK & Ireland (T  | his list may be exp   | oanded over t              | ime)   |  |       |
| "Close Contact" means, for examp  | ple, being in the s   | same household, bei   | ng within 6 feet for mo   | re than 10 consec   | utive minutes              | or having phy  | sical contact.   |       |
|   | Have you<br>traveled to a<br>country<br>where<br>COVID19<br>(coronavirus)<br>is spreading<br>within the | Have you been in close contact with people who have traveled to countries where COVID19 (coronavirus) is spreading within the past 14 | Have you been in close contact within the past 14 days with someone with a positive Coronavirus test result or with a pending Coronavirus test with unknown | Have you had close contact within the past 14 days with someone who is sick with colds or flu and are undiagnosed | Do you<br>have<br>symptoms | Do you<br>currently<br>have a<br>fever, or<br>have you<br>had a<br>fever<br>within the<br>past 7 | Have you been nauseated or vomited or had diarrhea within the past 7 |       |
| Name  | past 14 days?   | days?   | results?  | by a doctor?  | of a cold?                 | days?  | days?  | Temp. |
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Screener Name: \_\_\_\_\_